

## Medical Economics and Public Health

**Veterans' Bureau Introduces an Innovation**—In order to carry out the work of regional and hospital standardization of clinical and administrative service in the field, General Hines, director of the Veterans' Bureau, has just assigned four medical supervisors to a tour of field duty, with stations at New York, New Orleans, Chicago, and San Francisco.

To facilitate the handling of medical problems, it is the plan of the director to alternate field and central office service for staff physicians, so that they may become thoroughly familiar with all phases of medical administration both in the field and in central office, and also in order that the medical service may be completely standardized and uniform throughout. This plan was strongly endorsed at the last meeting of the Medical Council of the Bureau in February.

Dr. George O. Skinner, until recently acting manager of the District of Columbia regional office of the Bureau, will be stationed in San Francisco, his territory comprising the states of Montana, Wyoming, Colorado, New Mexico, Utah, Arizona, Nevada, California, Oregon, Idaho, and Washington.

It is a mystery why lay organizations which promote public health persist in ignoring the practicing physicians of their communities. A great criticism of public health nursing is, that the nurses diagnose and treat cases of sickness. While it is true that the cases which most nurses diagnose and treat are mild and are those which a physician does not usually care to visit, yet who shall draw the line?—Editorial, New York State Journal of Medicine.

**The "Middle Man" in Medicine in Action**—"There may be a few Indiana doctors," says the Journal Indiana Medical Association editorially, "who are connected with health institutes and who make health examinations of persons who have applied to the institute for such service and the reports of which are passed on to the institute for analysis before results of the examination are reported to the patient who pays handsomely for the advice. Just why any physician should consent to be a go-between is hard to explain, but the worst feature of the business is that the patient is being imposed upon, and the doctor who makes the examination is contributing to the success of a commercial enterprise that does not deserve recognition at the hands of ethical medical men. Periodical health examinations are becoming justly popular, but if they are going to fulfill their purpose they must be controlled by the medical profession, and any suggestions or advice given the patient should come from the physician making the examination and not in a round-about way through a commercial agency."

**Note the Italics**—An Eastern state now has a law which, according to official publications, "authorizes *boards of education* and school trustees to provide transportation; home teaching; special classes or special schools; scholarships in non-residence schools; tuition and maintenance in elementary, secondary, higher, special and technical schools and, on recommendation of the State Department of Health, *surgical, medical or therapeutic treatment, hospital care, braces, and other appliances* for physically handicapped children."

And yet some people still claim that public school systems are not even interested in the practice of medicine.

**How Can a Christian Science Healer Consistently Sign a Certificate of Illness**—In answer to this question, the chairman of the Christian Science Committee on Publication answers in part (Colorado Medicine):

"Christian Science naturally and consistently deduces that whatever does not speak of the goodness and harmony of God is but an expression of erring human sense. Sickness is very real to the human sense, but no one can

reasonably claim that sickness is eternal and a part of the absolute reality of being in God's sight, for if it were we could never be rid of sickness. From this it will be seen that the therapy of Christian Science does not consist of, nor depend upon a negative premise, but rather does it operate from the affirmative spiritual facts about God and His creation. Thus Christian Scientists obey Jesus' counsel to 'render unto Caesar the things that are Caesar's by signing certificates of illness and also 'render unto God the things that are God's' by endeavoring in their prayer or treatment to 'know the truth,' which Christ Jesus said would make men free."

To which the editor of Colorado Medicine adds:

"*Reply*—Despite the foregoing explanation, we remain a little hazy concerning the mechanism of Christian Science.

"A man cuts his knee and his trousers. He admits the cut on his clothing, but not in his flesh. A woman has a wart on her nose. She denies the existence of the wart, but acknowledges the reality of the nose.

"Here is a form of differential nihilism in which the credulous mind denies or affirms the existence of things according to caprice.

"We prefer the more critical analysis of the bard:

"There was a faith healer of Deal  
Who said, 'Although pain isn't real,  
If I sit on a pin,  
And it punctures my skin,  
I dislike what I fancy I feel.'"

**Many Doctors Might Save Money by Reading This**—No medical man thoroughly appreciates the hazards of his profession until he has been sued. Your counsel has observed the psychology of countless doctors who have been forced for days at a time to drop their practice and to hear themselves presented in court as the villain of the piece, watching with chagrin, amazement and concern the unfolding of their alleged shortcomings. The possession of insurance, under such circumstances, in addition to the knowledge that their rights will be safeguarded in court, is a source of assurance, confidence and consolation which only those who have been sued fully understand and appreciate. . . .

The question fairly arises for all doctors, both those with years of experience and those who are just embarking upon their professional career: Is it safe to practice medicine without being insured?—Attorney Whiteside, New York State Journal of Medicine.

**Protecting the Health of San Franciscans**—The new budget of the official San Francisco Health Department shows that one out of every 500 citizens of the county is an officer or employe of the department charged with protecting us against dangers to health. The cost of this service is some \$3.50 a year per person. Assuming that the work is well done, and we are not intimating otherwise, the cost is a reasonable one. Few citizens take the trouble to understand the fact that this is only one of the several official government agencies with other hundreds of employes also largely engaged in keeping us from getting sick. Nor do most of us connect the activities and expenses of OFFICIAL health-protecting agencies with the vastly more numerous persons engaged in and the vastly greater sums of money being spent in the same service by VOLUNTARY health organizations and individuals who are engaged privately in health work for a livelihood. The group of voluntary health betterment organizations which some of the leaders claim to constitute the "*unofficial government*" in places expend more money and employ more helpers than does the "*official government*" board.

The group of individuals and organizations who are engaged in keeping San Franciscans well and getting us well for a livelihood includes physicians (1 to 450 of population), nurses (1 to 1000 of population), technical and clerical help (1 to 500 of population), and several other classes not here enumerated. It may be that the time of more than 10 per cent of our population is necessary to protect the health of the 100 per cent, but one of these days it is going to become *very* difficult to explain why so many people employed by so many different groups, official and unofficial, are being paid to do pre-

cisely the same things. What has been designated as "*charity in business*" and "*business in charity*" movements are so rapidly assuming the same sort of "refrigerated" lines of development that it is becoming difficult to distinguish between them. However, our official health authorities should have their money.

**The A. M. A. List of Approved Hospitals**—The American Medical Association, through its Council on Medical Education and Hospitals, which handles the hospital work for the association, has issued its 1925 revised list of hospitals approved for internships. The list is published in the Journal of the American Medical Association for March 28. It will also appear in the ninth edition of the American Medical Directory, besides being in separate pamphlet form. The list names 524 hospitals that are in position to furnish general internships, such as satisfy the medical colleges and state boards, as well as meet the almost universal demand of medical graduates for at least a year's general hospital experience, practice or specialization.

There were reported 5059 interns, of whom 3825 are in the 524 approved hospitals, and 1234 interns in 2696 non-approved hospitals. This total of 5059 interns compares favorably with the 3669 interns reported in the census of one year ago, the increase being 1390 or 37.9 per cent. In fact, there are 156 more interns now in approved hospitals than there were in all hospitals two years ago.

When the hospitals began to feel the shortage of interns about a decade ago, they quite naturally resorted to pecuniary appeals and offered salaries, usually ranging from \$25 to \$100 per month and maintenance. Now the appeal must be made on the basis of educational opportunities offered rather than financial remuneration. There are still a number of hospitals that pay their interns, and there can be no objection to giving interns some financial help, but hospitals which secure the best interns and most easily are those whose staffs are known to furnish the best educational opportunities, salary or no salary. The Council on Medical Education and Hospitals also publishes a list of the hospitals that provide approved residences in specialties for those who have already had a general internship or experience.

By furnishing these lists the council serves not only those who are seeking an internship or residency; it also contributes much to the good of the profession and the public by encouraging a broad general foundation, both for general practice and for specialization.

**Did You Receive One?**—Some self-respecting physicians are receiving letters from another New York doctor who wants to add California to his list of supporters, inviting them to "practice my method" of treating errors of refraction without glasses. The letters are signed —, M. D.

**Commending State Medicine**—"The hospital policy of the state (Colorado) is to be especially commended," says George E. Vincent (Colorado Medicine). "Colorado aligns herself with other states, notably Michigan and Iowa, which assemble in a specialized university-controlled hospital needy sick from the entire commonwealth. A budget made up of legislative appropriations, county funds and patients' fees supports the institutions which at the same time provide excellent medical and surgical care and favorable facilities for education. . . . There is much cynicism abroad about the popular understanding and appreciation of science. The willingness of a few legislatures to vote on evolution, the gullibility of whole populations with respect to quack remedies and fraudulent stocks, the too ready acceptance of campaign sophistries are cited as evidences that the people are uncritical and powerless to protect themselves against propaganda.

. . . "If the university graduates—lawyers, teachers, successful business men, clergymen—if women of prominence in social and professional life, in clubs and philanthropy, accept uncritically 'Sunday-supplement science,' unverified testimony about 'cures,' blatantly advertised remedies, most of which at best are useless, and put them-

selves in the hands of doctors of dubious standing or of miscellaneous healers, what hope is there of creating a congenial environment for true science and its devotees?

. . . "There are experts and 'experts.' The popular distrust of experts is significant of several things. In a democratic society, one who professes to know more than the average man is naturally resented and disliked.

. . . "Human personality is complex; motives are mixed. All good qualities and all bad do not come in neatly separated bundles. They are variously assorted. Judgment must try to determine the predominant and guiding purpose of a given personality."

Chief Surgeon Morrison of the Atchison, Topeka & Santa Fe Railway Company, announces the following appointments, effective April 1: A. Schloss, district surgeon; Alson R. Kilgore, local surgeon; E. S. Kilgore, Wallace I. Terry, Gilbert M. Barrett, consultants. The physicians and surgeons named above all have headquarters at San Francisco. Dr. Schloss, newly appointed district surgeon, has been attached to the staff of the Medical Department of the Santa Fe for the past twenty years. The other appointees are well-known physicians, surgeons, and specialists.

**The Nestle's Food Company**, who are appreciated advertisers in CALIFORNIA AND WESTERN MEDICINE, submit as their contribution to the advancement of scientific infant-feeding, Nestle's Lactogen—the natural food for infants.

"Lactogen," writes Doctor W. E. J. Kirk, medical director Nestle's Food Company, "is a homogenized, scientifically desiccated, full-cream cow's milk, manufactured primarily for the feeding of infants from birth to six months of age, who, for any reason, are denied the privilege of breast-feeding. It is peculiarly adapted for infant-feeding, owing to its close approximation to breast milk in composition, digestion and assimilation, thereby supplying a rapidly increasing demand from the medical profession for a desiccated milk of superior quality and unquestionable safeness, wholesomeness, and nutritional value.

Physicians will be interested to know that Lactogen is marketed only on an ethical basis. No feeding instructions appear on the trade package, and no literature is mailed to the laity.

Analysis, complete suggestions for the dilution and feeding of Lactogen, together with comparative analyses and caloric values, are mailed physicians upon request.

**The Physiological Treatment of Hay-Fever**—It is now widely known that hay-fever is due to the hypersensibility of the patient toward one or more foreign proteins, generally those of the pollens of neglected and useless weeds. Therefore, this fact must be kept in mind in the treatment of this disease. The pestiferous pollens are usually present in all parts of the United States between June 1 and September 1. They are present in the atmosphere, being wind-blown, the patient inhaling them into the nose. The pollens adhere to the sensitive and moist mucous membranes, and if they are allowed to remain and penetrate the surface, soon set up an irritation and inflammatory condition of the terminal nerve filaments which quickly spreads widely through the air passages.

In order to prevent the development and liberation of the poisonous proteins of the pollens, many physicians prescribe irrigation of the nasal channel from one to several times a day, thus washing them out as fast as they accumulate.

This cleansing process is easily and comfortably accomplished by the Nichol's nasal syphon, about which further information will be found monthly in our advertising pages, which suggests itself as a safe and sure device, owing to its unique suction action. In fact, whatever treatment is prescribed, the device will prove an additional aid, inasmuch as it dissolves and draws out the pollen carrying secretions by irrigation.

After each irrigation, it is recommended that a bland oil should be used with an atomizer. This acts as a prophylactic, as it covers the membranes with an oil coating

which prevents the pollens from adhering to them and starting the irritation.

**Medical Profession Found Constant in Recognizing Merit**—"Some of the older pharmaceutical houses tell us," say the Deschell Laboratories, whose advertising is found in CALIFORNIA AND WESTERN MEDICINE each month, "that the medical profession are fickle; that they will prescribe an article for a while and then leave it to take up something else."

We have investigated this very carefully and have come to the conclusion that the medical profession are very constant, recognizing merit wherever it may be; use a good article over long periods of time, and stop using it only when something better is available.

The houses that are abandoning the medical profession and advertising their products to the public (some of them under the guise of household remedies, all of them, however, tending to encourage self-medication), are the ones that state the medical profession are fickle.

We find that where quality is maintained; where strict ethical merchandising methods are followed, the profession is loyal. But where unscrupulous houses put out a good article at first, then decrease the quality and start advertising to the public, they cannot expect to carry water on both shoulders and keep the loyalty and support of the medical profession.

We take this instance to pledge our loyalty to the medical profession in the manner of our merchandising and in the constant effort to preserve the high quality of our product.

#### **Ampoule Solutions Daily Growing in Popularity—**

The ampoules that are particularly to be recommended are made of imported glass, glass containing no soluble alkali that might have an effect upon the medicament. The ampoules, after being filled, are closed hermetically under a gas flame; in other words, the glass at the neck is melted and fused, and the container is thus made airtight and water-tight. In addition to this protection, it is necessary in some cases to protect the solution from the effect of light, and the ampoules are, therefore, put up in cardboard cartons which exclude the light.

All of which goes to show that conveniences are not gratuitous, but must be paid for by either the manufacturer or the user. In this case the manufacturer pays the major part of the price in the care required for assaying, sterilizing and encasing the medicinal solutions; but the user is supposed to keep the ampoules in their respective packages, and not let them lie around loose, until they are needed. In some cases, too, it is quite important that the date stamped on the package be consulted, for the ampouled solutions are not all indefinitely stable. This reasonable care cannot be considered a high price to pay for the convenience of having at hand a sterilized solution in individual doses for subcutaneous, intramuscular, or intravenous administration.

Some of the merits of this class of products are tersely set forth in the advertisement on "Ampoules," by Parke, Davis & Co., which appeared in the April issue of CALIFORNIA AND WESTERN MEDICINE.

**What Would Similar Tests Show for San Francisco and Los Angeles?**—"The air breathed in downtown Chicago contains eight times as much dust and twenty times as many bacteria as air in the suburbs. These facts are the result of elaborate health department tests."

"The Investment Banker," writes Mr. R. B. F. Randolph, vice-president Anglo London Paris Company of San Francisco, "finds, in his endeavor to serve the community, that the physician and surgeon is probably the hardest person to get at for the purpose of talking investments, and yet practically the greatest part of his daily work hinges on appointments. It is, of course, one of these peculiar situations, and one which we all appreciate, that the professional man constantly has his mind on professional matters, and rarely has time for his own personal business affairs; accordingly, these must necessarily be neglected to an extent."

This situation is an unfortunate one, yet, nevertheless,

seems to be true in many instances, and the accumulation of surplus funds should, therefore, be invested under the advice of investment specialists, as it is quite possible that the investor neither has the time to acquaint himself with prevailing market conditions, nor perhaps has made sufficient study of the security market to enable him to make safe and profitable investments, and it is just possible that those securities already held should be reviewed and analyzed and suggestions made, where necessary, as to reinvestment.

No doubt some may feel that the representatives of various investment companies have perhaps been over-persistent in their endeavors to make appointments to discuss investments, but a short time used in this manner may be the means of a considerable saving, insofar as present holdings are concerned, or a suggestion given for the employment of idle or surplus funds. The officers and representatives of the Anglo London Paris Company are at all times available for consultation in this respect, either at their office or at yours, and will be glad to make suggestions as to sound investments and also through the recent establishment of an analysis division, properly analyze present holdings and advise impartially as to reinvestment when necessary. Their announcement is found in the advertising pages of CALIFORNIA AND WESTERN MEDICINE every month.

#### **Intestinal Parasites Among Filipino Food Handlers**

—Many of the Filipinos that come to the United States find employment in the handling of food supplies. In the public institution surveyed by Harry A. Wyckoff and William O. French, San Francisco (Journal A. M. A.), some of them are employed as waiters, as bus boys, and in the kitchen. Out of thirty-four cases examined, twenty-eight were found positive for parasites. Twenty-two of these positive patients harbored either a double or triple infestation. The parasites found were hookworm, in twenty-one cases; trichuris, sixteen cases; ascaris, two cases; fasciolopsis and hymenolepis in one case each, and protozoa in twelve cases. Compared with the incidence of intestinal protozoa in medical patients in the Stanford Hospital the percentage of infested Filipinos is greatly in excess. The number of positive findings among hospital and clinical patients was found to be 22 per cent in 7000 patients examined. Only 4 per cent harbored helminths. Among the Filipinos, 72.4 per cent were infested with hookworm and 42.9 per cent with protozoa. All the hookworm patients were given routine treatment with carbon tetrachlorid. Nineteen patients were treated for hookworm. Adult worms were removed in fourteen cases. Adult ascarids were found in two cases, and the ova in three cases. Trichuris ova were recovered in six cases. hymenolepis and fasciolopsis ova in one case each. Protozoa alone were found in four cases. The number of hookworms recovered were small, although one case yielded sixty-seven worms. Ascarids were recovered by this treatment in two out of three patients infested. Fourteen patients treated with carbon tetrachlorid were re-examined two months later. No ova of either hookworm or ascaris was found. The carbon tetrachlorid did not affect any of the other worms or protozoa. The only toxic symptoms noted as a result of this treatment were nausea and vomiting in six patients, and dizziness with headache in two patients. All, however, except two, could be discharged the next morning, although some were unable to carry on their duties the following day. Carbon tetrachlorid did not always act as a cathartic. In many cases there were no evacuations or only one evacuation in the eighteen hours following administration. In the majority of cases in which there was only one stool, or in which an enema was needed, the patients were nauseated or vomited.

"The tendency to centralize government at Washington," Senator Borah recently declared, "is undermining the confidence and destroying the capacity of the citizen to assume and meet the duties and obligations of citizenship. There is not a practice, custom or habit but must soon be censored from Washington. There is not in all the relationship of parent and child, of family and home, anything sufficiently private and sacred to exempt it from the furtive eye of the special agent."